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FORM 1		Oi	RGANIZ	ZATIC	ON	20121	0V -5	AM 9	35	
						FF	MAIL	CEND	fice Use On	ly
1. NAME OF COMMITTEE (in	n full)		theck if name changed)		nple:If typing, t the lines.	урө	12FE4			
NORTH D	ĄĶOŢ	A SEN	NATORI	AL C	ĄŲÇŲS	111				
	1 1 1 1							<u> </u>		
ADDRESS (number a	nd street)	P. O.	BOX 8	394		444				
(Check if ac is changed)		DELI	RAY BE	ACH			FL	33	3482	J-L
				CITY			STATE		ZIP	CODE
COMMITTEE'S E-MA  (Check if is change	address		edStates			<b>aụçu</b>	ses@	yah	00.C0	<u>m,,,,</u>
COMMITTEE'S WEB	PAGE AD	DRESS (UR	L)							
(Check if is change										
2. DATE 10	)" ´ 29	)°′Ž0	12 <sup>°</sup>							
3. FEC (DENTIFIC	CATION N	JMBER	С							
4. IS THIS STATE	MENT X	NEW (	(N) OR		AMENDE	D (A)				
I certify that I have e	examined ti	nis Statemer	nt and to the b	est of my i	knowledge and	belief it	is true, cor	rect and	d complete	).
Type or Print Name	of Treasure	, RIC	HARD I	KEVIN	ISTON					<del></del>
Signature of Treasure	er <u>(1</u>	Kuff)	)				Date	ÎO '	29°	′ 2012 `
NOTE: Submission of	false, errond		mplete information						penalties of	of 2 U.S.C. §437g.
Office Use					For further Infor	Commissio				ORM 1